UTILITY					
PATENT APPLICATION					
TRANSMITTAL					

gror new nonprovisional applications under 37 C.F.R. § 1.53(b)

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Attorney Docket No.		P-3228-US	
First I	nventor or Applica	ation Identifier	MERON, Gavriel
TITIE SYSTEM AND METHOD FOR W			IDE FIELD IMAGING OF BODY
Expre.	ss Mail Label No.		

<u>:</u>		annum nonprovisional applications under 37 C.F.R. § 1.53(b))	Express Mail Label No.
	. v	See MPEP chapter 600 concerning patent application contents	Assistant Commissioner for Patents O Box Patent Application Washington, DC 20231
1	2. [3. [* Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) Applicant claims small entity status. See 37 CFR 1.27. Specification [Total Pages 23] (preferred arrangement set forth below) - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (If applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: I. CD-ROM or CD-R (2 copies); or II. paper c. Statements verifying Identity of above copies
	Oat a. b.	- Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure Drawing(s) (35 U.S.C. 113) [Total Sheets 8] h or Declaration [Total Pages 3] Unexecuted (original or copy) Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed) i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). Application Data Sheet. See 37 CFR 1.76	9. Assignment Papers (cover sheet & document(s)) 10. (When there is an assignee) Power of Attorney 11. English Translation Document (if epplicable) 12. Information Disclosure Statement(IDS)/PTO-1449 Copies of IDS Citations 13. Preliminary Amendment 14. Return Receipt Postcard (MPEP 5303) (Should be specifically (temized) 15. (If foreign priority is claimed) Postcard Other:
Fo	Pri r CON	Continuation Divisional Continuation-in-palic application information: Examinar ITINUATION or DIVISIONAL APPS only: The entire disclosure of	Group/Art Unit: the prior application, from Which an oath or declaration is supplied g continuation or divisional application and is hereby incorporated by been inadvertently omitted from the cubmitted.
Na	me	Customer Number or Bar Code (Insert: Customer No. or Att	or 🖾 Correspondence address below
Cin	dress / untry	One Crystal Park, Suite 210, 2011 Crystal Drive Arlington State VA USA Telephone (70)	Zip Code 22202-3709 03) 486-0800 Fax (703) 486-0800
		ne (Print/Type) Mark S. dynen	Registration No. (Attorney/Agent) 42,425

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FEE	TR	AN	SM	ITT	AL
- A	or	FY	200	1	

1 6 2002 Ament fees are subject to annual revision.

FOTAL AND UNT OF PAYMENT

Complete If Known				
Application Number				
Filing Date				
First Named Inventor	MERON, Gavriel			
Examiner Name				
Group / Art Unit				
Attorney Docket No.	P-3228-11S			

	METHOD OF PAYMENT (check one)	T	FEE CALCULATION (continued)					
Ē			3. ADDITIONAL FEES					
≣	indicated form and and the sure and the	Large	Entity	Smal	l Entity			
	0	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	_	
	Deposit Account 05-0649	105	130	205	85	•	Fee Pald	
	Number Deposit Fitan Board Labor B Cala Tarday				-	The state of the s	1	
	Account Name Eitan, Pearl, Latzer & Cohen-Zedek		50	227	25	Surcharge - late provisional filing fee or cover sheet.		
	Charge Any Additional Fee Required		130	139	130	Non-English specification		
	Under 37 CFR 1.16 and 1.17 Applicant claims small analy status.					· · · · · · · · · · · · · · · · · · ·		
	See 37 CFR 1.27		2,520	147	2,520	For filing a request for ex parte reexamination		
	2. Payment Enclosed:	112	920"	112	920*	Requesting publication of SIR prior to		
	Check Credit card Money Other	113	1,840*	113	1,840*	Examiner action Requesting publication of SIR after	 	
1 1	Order	-				Examiner action	<u> </u>	
H	FEE CALCULATION	115	110	215	55	Extension for reply within first month		
	1. BASIC FILING FEE Large Entity Small Entity	116	400	216	200	Extension for reply within second month		
1971 1971	Fee Fee Fee Fee Fee	117	920	217	460	Extension for reply within third month		
	Code (5) Code (5) Fee Description Fee Paid	118	1,440	218	720	Extension for reply within fourth month		
U	101 740 201 370 Utility filing fee	128	1,960	228	980	Extension for reply within fifth month		
	Total Searth will left	119	320	219	160	Notice of Appeal		
		120	320	220	160	Filing a orlef in support of an appeal		
=	The training lea	121	280	221	140	Request for oral hearing		
=	114 160 214 80 Provisional filing fee	138	1,510	138	1,510	Petition to institute a public use proceeding		
	SUBTOTAL (1) (\$)		110	240	55	Petition to revive - unavoidable		
H			1,280	241	640	Petition to revive - unintentional		
Ħ	2. EXTRA CLAIM FEES Fee from	142	1,280	242	640	Utility issue fee (or reissue)		
TI	Extra Claims Below Fee Paid	143	460	243	230	Design Issue fee		
	Total Claims -20- x	144	620	244	310		——— i l	
n,		1	020	244	310	Plant Issue fee		
- 77	Independent -3 X =	1				ļ		
ļ	Glatt/15	122	130	122	130	Petitions to the Commissioner	11	
	Multiple Dependent X	1						
- 1	^	123	50	123	50	Petitions related to provisional applications	11	
ı	Large Entity Small Entity	126	160	126	180	Submission of Information Disclosure Stmt		
ı	Fee Fee Fee Fee Description Code (\$) Code (\$)	581	40	581	40	Recording each patent assignment per property (times number of properties)		
- 1	103 18 203 9 Claims in excess of 20 102 94 202 42 Independent claims in excess of 3	148	740	246	370	Filling a submission after final rejection		
	102 84 202 42 Independent claims in excess of 3 104 280 204 140 Multiple dependent claim, if not paid	149	740	249		(37 CFR 1.129(a)) For each additional invention to be		
	TT Delegation	179	740			examined (37 CFR 1,129(b))		
	109 84 209 42 **Relasue independent claims over original patent	169	740 9 00	279 168	800	Request for Continued Examination (RCE) Request for expedited examination	7	
ĺ	110 18 210 g ** Reissue daims in excess of 20				1	of a design application		
	and over original patent		Other fee (specify)					
-	SUBTOTAL (2) (\$)		d by Bas	ic Filing	Fee Pa	d SUBTOTAL (3) (\$)		
L	or number previously paid, if greater, For Relasues, see above		(3)					

SUBMITTED BY						
Name (Print /Type)	Mark S. Cohen	Registration No.	Complete (If applicable)			
rame (rimtriype)	Lie A C. Consti	(Attomey/Agent)	42,425	Telephone	(703) 486-0600	
Signature		r	'	2		
Burden Hour Statement This form to an	Hanna da a			Date	January 16, 2002	

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